## District I 1625 N. French Dr., Hobbs, NM 88240 1301 W. Grand Avenue, Artesia, NM 88210

State of New Mexico Minerals and Natural Resources Department

Form C-144 CLEZ July 21, 2008

1000 Rio Brazos Road, Aztec, NM 87410 APR 2 9 2009 District IV

1220 S. St. Francis Dr., Santa Fe, NM 87 08BSOCD

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

## Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: X Permit Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the

environment. Nor does approval relieve the operator of its responsibility to comply with any other a	applicable governmental authority's rules, regulations or ordinances	
Operator: Chesapeake Operating, Inc.	OGRID #:147179	
Address: P.O. Box 18496 Oklahoma City, OK 73154-0496		
Facility or well name: Bobbi # 1Y		
API Number: 30-025-26356 OCD Permit Num	ber: 41-01051	
U/L or Qtr/Qtr J Section 20 Township 18 South Range 3	6 East County: Lea	
Center of Proposed Design: Latitude 32.731240 Longitude -10	03.37379 NAD: ဩ1927 ☐ 1983	
Surface Owner:  Federal X State Private Tribal Trust or Indian Allotment		
2.  ☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC  Operation: ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A  ☐ Above Ground Steel Tanks or ☐ Haul-off Bins		
3.	RECEIVED	
Signs: Subsection C of 19.15.17.11 NMAC	e numbers SEP 0 9 2009	
☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone ☐ Signed in compliance with 19.15.3.103 NMAC		
4.	HOBBSOCD	
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC  Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.  Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17 13 NMAC  Previously Approved Design (attach copy of design) API Number:  Previously Approved Operating and Maintenance Plan API Number:		
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two fucilities are required.		
Disposal Facility Name: Controlled Recovery, Inc. Disposal	Facility Permit Number: NM-01-0006	
	Facility Permit Number: NM-01-0003	
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  Yes (If yes, please provide the information below)  No		
Required for impacted areas which will not be used for future service and operations  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC		
6. Operator Application Certification:		
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.		
	eSr. Regulatory Compl. Spec.	
S. A. A.	Date:04/21/2009	
e-mail address: <u>bryan.arrant@chk.com</u> Tele	phone: <u>(405)935-3782</u>	

OCD Approval: Permit Application (including closure plan) Closure P	1 1	
OCD Representative Signature: Maley & Stown	Approval Date: 5/7/2009	
Title: Compliance Officer	OCD Permit Number: P1-01051	
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.    Closure Completion Date:   8/18/09		
Schools Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.		
Disposal Facility Name:	Disposal Facility Permit Number:	
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?  Yes (If yes, please demonstrate compliance to the items below) No		
Required for impacted areas which will not be used for future service and operat  Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique	ions:	
Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure report is true, accordate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plant.  Name (Print).  Title: 1000000000000000000000000000000000000		
* No flinds or solids nothing to haul.	to surface, therefore	
mothing to haw.  langell. Lill  DISTRICT 1 BUPERVISOR		
SEP 1 0 2009		

## Chesapeake Operating, Inc.'s Closed Loop System Bobbi # 1Y

Unit J, Sec. 20, T-18-S R-36-E Lea Co., NM

API #: 30-025-26356

Equipment & Design:

Chesapeake Operating, Inc. is to use a closed loop system in the plug and abandonment of this well.

The following equipment will be on location:

(1) 250 bbl frac tank

**Operations & Maintenance:** 

During each and every tour, the rig's drilling crew will inspect and closely monitor the drilling fluids contained within the steel tank and visually monitor any spill which may occur.

Within 48 hours should a spill, release or leak occur, the NMOCD District I office in Hobbs (575-393-6161) will be notified. Please note that notifications may be made earlier to the district office should a greater release occur.

This is in keeping with the reporting requirements of NMOCD's rule 19.15.29.8

## Closure:

After re-completion operations, fluids will be hauled and disposed to the Controlled Recovery, Inc.'s (CRI) location.

The disposal permit number for CRI is: NM-01-0006

Should this facility not be available, Sundance Disposal is the alternative site.

The permit # for this facility is: NM-01-0003.